

**DoD Medical Examination Review Board  
8034 Edgerton Drive, Suite 132  
USAF Academy, Colorado 80840-2200**

**ORTHOPEDIC QUESTIONNAIRE**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please complete the questions below regarding history of injury(ies) and/or orthopedic conditions and return this form to DoDMERB at the address above. Note: If you were treated for your injury(ies) and/or orthopedic condition(s), please include copies of those treatment records. Use back of this form if needed and identify by the question number.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

**1) Was/were the orthopedic condition(s) caused by an injury(ies)?:** YES NO

If yes, when did the injury(ies) occur? \_\_\_\_\_

If yes, please describe how the injury(ies) occurred: \_\_\_\_\_

**2) When did the orthopedic condition(s) first occur?** \_\_\_\_\_

**3) How was/were the orthopedic condition(s) treated?** \_\_\_\_\_

**4) How long did the treatment last, (e.g., 2 weeks, 6 weeks, 2 months, 6 months, ongoing, etc.)?** \_\_\_\_\_

**5) Did you or do you now require any external supports, (e.g., knee braces, lifts, ankle taping, orthotics, etc.)?** YES NO

If yes, please explain: \_\_\_\_\_

**6) Have you ever been restricted from activities secondary to the orthopedic condition(s):** YES NO

If yes, please explain: \_\_\_\_\_

**7) Please provide information regarding the extent of your participation in athletic activities and/or recreational activities during the last 12 months?** \_\_\_\_\_

**8) Certification:** By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Orthopedic Questionnaire